**ADDENDUM 2**

DATE: June 10, 2015

PROJECT: EHR/RCM

RFP NO: 744-R1517

OWNER: The University of Texas Health Science Center at Houston

TO: Prospective Proposers

This Addendum 2 forms part of and modifies The Request for Proposal Number 744-R1517 EHR/RCM (“RFP”) dated May 22, 2015, with amendments and additions noted below.

1. Question: What portion of your billing is currently being outsourced?

At this time, approximately 80% of our A/R follow-up is outsourced

1. Question: I know the HIE you are currently connecting to is CernerHUB.  Is the underlying HIE platform a Cerner product or is it another HIE platform like MIRTH or Axolotl?

HEALTHDOCK is Cerner’s platform.

UTHealth/UTP is looking for a comprehensive, patient-centric health record system that follows the patient as he or she transits through our clinics and our major affiliate MH.

Thus, all participants in the care of that patient need to see everything about that patinet in that patient's record.

1. Question: What data is being sent to the CernerHUB from your Allscripts EHR, ie demographics, orders, CCDAs, etc?

  CCDA, demographics

1. Question: What data is being retrieved into Allscripts EHR from Cerner HUB? Ie Labs, immunizations, etc?

Information is presented in a CCDA but is currently not consumable

1. Question: What interfaces do you have in place today for labs and radiology? Ie labcorp, quest, etc.

Labcorp, Quest, Memorial Hermann (Rad/Lab), UT Pathology (AP Easy), Fuji RIS/PACS, Viewpoint (OB Ultrasound), Aycan PACS

1. Question: Are there any other interfaces that need to be implemented with the new EHR? Ie state immunization or cancer registries, diagnostic equipment, PACS, RIS, etc.

Yes, all state and national registries, modalities are all listed in section 5.2 of the RFP

1. Question: Can you please send over your CPT volume and counts in 2014?  ie how many 99214, 99215, etc you billed in 2014.

Please see Attachment 1 of Addendum 2 2014 CPT Volume.

1. Question: Breakdown of providers by specialty and license.  ie how many cardiologists, ortho surgeons, NPs, PAs, physiologists, physical therapists, occupational therapists, etc.

Please see Attachment 2 of Addendum 2 UTP Providers by Title and Specialty.

1. Question: What data elements are you looking to convert from allscripts and GE?  Ie demographics, appointments, past medical family social history, scanned documents, encounter notes, etc.

YES to all of these as well as discrete data for medications, allergies, past medical history, immunizations/injections, results, outstanding orders and active problems.

The short answer for the EHR is everything.  This could be structured such that may be at least 3 years of data is active and the rest is available in an archival format.

1. Question: What is your target date for go live?

We do not currently have a specific target date for “go live.” We realize that, given differences in EHR solutions (e.g., degrees of standardization, customization), as well as our own, yet-to-be determined project plan (e.g., phases of certain practices among our ~1300 providers vs. a kind of all at once or “big bang” approach), among other factors, that an ultimately determined “go live” date could be quite different. We certainly want to go live, sooner rather than later, but we believe that vendor-specific and technology-specific issues will significantly influence this date.

As to “go live” for a possible revenue cycle management system solution, we offer comments similar to those above. As UT’s EHR interest and perceived needs here, in this procurement, are somewhat greater for EHR than for RCM, we believe that the EHR decision will likely be given more weight, in terms of project planning, target dates, and such.

We are seeking proposals that provide the most realistic (fastest) timeline with the highest probability of success.

1. Question: Do you plan on going live with both the RCM and EHR simultaneously or do you have a preferred phased in approach?

See answer above. Again, as UT’s interest and perceived needs in this procurement effort are somewhat greater for EHR vs. RCM, we believe that the EHR decision will likely influence our ultimate choices – including go live and project planning choices – more than will RCM considerations.

1. Question: The RFP is very specific that the vendor needs to propose an EMR to participate.  Do you foresee opening up the option for vendors to offer implementation and support services as well as revenue cycle outsourcing services if there is value?

This option is not available in this RFP. Please refer to section 1.3 of the RFP for proposal options.

1. Please explain how UTP ensures that the practice is getting all of the incentive dollars that are available. How does UTP envision the vendor partner being involved in this process with UTP? How does UTP stay on top of the changes to these programs?

The reality is that we don’t have a very good way to do this. Our efforts are fragmented in that our ability to execute any program to capture the dollars is hampered by our decentralization and a poor IT backbone.

The RCM and EHR solution is an essential upgrade in ability to capture these dollars.  The reality is that our current systems impede our abilities to chase these dollars.  We need a new platform to become competitive.

UTHealth is looking for recommendations and solutions from experienced proposers.

1. How does UTP plan to hold the vendor partner accountable on P4P?

Vendor must provide the system/solution with deliverables and performance in accordance to the negotiated terms and conditions in the final contract and service level agreements.

1. Please describe the processes UTP has in place today to maximize provider schedules.

UTP has a vendor application that eases appointment management across provider locations; and utilizing master scheduling to control templates.

1. What are the processes UTP employs to minimize no-shows and maximize charge capture?

UTP utilizes text and vmail along with the live reminder calls to maintain low no-show rates.  The practice utilizes a missing charge report which matches arrived appointments to expected charges.  We are actively looking for solutions for non-ambulatory charge reconciliation.

1. The RFP reads as there is a preference for shared risk with the vendor partner (re: pricing and other attributes). Please elaborate as to a shared risk model means to UTP?

While the phrase “shared risk” does not specifically appear in the RFP, UTP is interested in ways to best align the interests and performance incentives of vendors and our clinical group practice. Therefore, we are interested in vendors’ ideas in this general area. And we hope that they might involve more than simple, contingent fee kinds of arrangements, while respecting all relevant compliance and legal considerations. Ultimately, such considerations will be negotiated in the final contract and service level agreements.

1. How does UTP envision the vendor partner helping to maximize the patient experience?

We want a state-of-the-art, consumer friendly portal for sharing medical information and communication with patients.  That platform should allow integration of smart devices for home-base care delivery—an emerging area. The portal will be our primary area for patient engagement—and a marketing tool.

The portal needs to reflect our comprehensive, patient-centric health record.  The integration needs to be complete and seamless.

1. What concerns does UTP have about onboarding a new solution/service/interfaces?

Ease of implementation and client use/creation

1. How does UTP track clinical order fulfillment today?

Reconciling orders placed within the Allscripts system (Current process is imperfect and creates additional effort)

1. How many UTP attendees would participate in the Site Visits? Would UTP’s hospital partner(s) also participate in site visits?

At this time, we anticipate a team of 5-7 members. No.

1. Is a secure USB acceptable vs. DVD/CD-ROM?

Yes

1. Please provide the UTP/UTHealth organizational chart from 2015.

Will provide.

1. Please provide a schematic of the UTP systems/interfaces/named vendors current state.

Please see attached Attachment 3 of Addendum 2.

1. Is per-certification provided by an outsourced company and if so, what is the company name?

We could provide an answer, if yes, we could withhold the name.

1. Please describe in detail what “interoperable workflows and seamless interoperable data sharing” means to UTP. Please include any desired or must have interoperability standards.

Our intent is to maximize interoperability as described in Section 1.2. As a proposer, we are looking to you as to provide what you feel your level of interoperability will be.

1. Page 19 of 26: What is meant by the word *coding* in this statement? Is this a reference to a coding service/staffing of Certified Professional Coders or coding support tools? ***“****The optional enterprise bid of EHR/RCM/PM should include the detailed components outlined for the EHR solution as well as a highly integrated end-to-end physician revenue cycle solution including (a) patient registration, (b) coding…”*

Diagnosis, Procedure, and Charge codes (including LOINC and RX codes)

1. Is there an outside consulting firm engaged with UTP related to this RFP or the EHR and/or RCM services provided today by UTP?

Multiple resources have been utilized to develop this RFP.

1. For purposes of the RFP response how should proposers formally name the organization, UT Physicians? UT Health? Or University of Texas Health Science Center at Houston?

The University of Texas Health Science Center at Houston

1. How many total providers does UT Physicians have and to be included in this scope (MD, DO, NP)?  Brenda
2. How many OB providers and OB clinics? Brenda
3. Please describe the workflow of the Oncology practices and what activities are completed by UT Physicians and those by Memorial Hermann. Andrew/Kelley/Theresa
4. Do you have an infusion center for chemotherapy and protocol? If no, are you planning on providing an infusion center for your oncology chemotherapy treatments?  Andrew/Tracy
5. How many oncology providers and oncology clinics?  Andrew/Tracy
6. Where are chemotherapy medications being mixed? Andrew/Tracy

35.1. Is this done by clinical pharmacy at UT Physicians or at Memorial Hermann? Andrew/Tracy

1. Please provide clarifications for the questions below:

          Kelley/Theresa/James

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section****Name** | **Requirement Number/ Location** | **Requirement** | **Clarification****Request** | **Requestor** | **UTHealth Response** |
| Exhibit D | Row 139 | Does the system provide functionality or integration outside of imaging? Isthis related to Labs? | Please clarify requirement. | Ancillary Team |  This could be lab or other diagnostic systems |
| Exhibit D | Functionality tabRow 199 | Seamless access to Cerner Radiology Images in our MHHS partner instance of Cerner. | Will Memorial Hermann be publishing a URL of their PACS solution or how is the connection expected to be made? | Ancillary Team |  We are looking for a vendor who a client that currently has connectivity to Cerner’s PACs. |
| Exhibit D | Functionality tabRow 39 | Does the system provide functionality or integration outside of imaging? | Can you give us more detail on this requirement? An example possibly? | Ancillary Team |  For diagnostic procedures, do you provide functionality, integration, etc. |
| Exhibit E | Rows 25 – 29 and Rows 31 –35 appear to be duplicates | Can your system provide reports for the following by each Fiscal Year End and quarters: | Should the second set of questions be ignored? | MD/RevCycleTeam | The are duplicates. Please ignore Rows 31-35. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section****Name** | **Requirement Number/ Location** | **Requirement** | **Clarification****Request** | **Requestor** | **UTHealth Response** |
|  |  | Does the system have a quarterly and Fiscal Year End report for the following: |  |  |  |
| R1517EHR\_CRM word document | Page 4 | UTHealth will only consider systems/solutions that are remote hosted and that operate in a highly reliable, consistently progressive solution that can delivers the most responsive solution as it relates to the rapidly evolving landscape in healthcare information technology. | Is it necessary for a Vendor to complete Appendix Six given that this is an RHO only response? | Sales | Yes |
| R1517EHR\_CRM word document | Page 19 | Additionally, we will consider in the in this bid proposals that may address integrated solutions for imaging systems (i.e Radiology, ultrasound, documents, etc.) | For clarification is UT Physicians also soliciting bids for RIS/PACS?Need additional clarification on what is being requested. | Ancillary Team | Not formally, although we understand some vendors may offer better integrated solutions with their own products.  We will consider any solutions provided that address our RFP requirements |

1. Can you please provide the Name of each Clinic/Practice, Specialty, Location, Number of Providers and current EHR system for currently is use at these locations/site.

Please see Attachment 2 of Addendum 2 UTP Providers by Title and Specialty.

1. Does UT Physicians desire to migrate their legacy (Allscripts, eClinicalWorks and CPS) data into the new GE proposed solution?  Is this data contained in structured database fields or is this free text documents that have been scanned or imported into the legacy system?

Yes, where discreet, accurate and possible. The data is in all the formats mentioned.

1. What is the expected timeline for implementation?  Is there a specific go-live date?

Please refer to question no. 10.

1. Does UT Physicians desire a site by site Go Live or is a Big Bang EHR Go Live desired?

Please refer to question no. 11.

1. Is the general expectation to license for the 1700 concurrent users already on UT EHR’s, or should we consider additional growth with the addition of paper based providers or additional practices?

We are growing as an organization and expect additional users on the system as we migrate to a new solution. Pricing should allow for growth (either by user/provider or enterprise licensing).

1. In terms of integration with Cerner at Memorial Hermann, will EHR data flow from UT Physicians to Cerner at Memorial Hermann?

Yes – data will flow in both directions.

1. Please provide your annual volume statistics for the metrics below based on the definitions listed. Examples are provided to help you determine some of the types of visits to include. Note that in some cases we ask that you provide mutually exclusive statistics.

|  |  |  |  |
| --- | --- | --- | --- |
| **Annual Volume** | **Volume definition** |  | **Your Volume** |
| **Ambulatory Visits***Needed for EpicCare Ambulatory* | Any completed ambulatory patient appointment with a decision-making medical provider. Decision-making providers are providers whose role typically requires a minimum of a 4-yr degree. Excluded are medical students, RNs and LPNs. Doctors, PAs, nurses with advanced training (NPs, CRNA, etc.) are included. Other examples include audiologists, dieticians, optometrists, physical therapists and surgical technicians. Note that some of these visits may also be counted as specialty visits (e.g. a face to face visit with a cardiologist would count as one Ambulatory Visit Equivalent and as one Cardiology Visit).Ambulatory Visits = Ambulatory Clinic and Urgent Care Visits + HOD Visits. | Provide below as two mutually exclusive volumes |
| Ambulatory Clinic Visits | Ambulatory Visits, as defined above, which take place in your ambulatory clinics and are not within the hospital walls. |  |
|   | *Examples to Include* | *Examples to Exclude* |   |
|   | \* Office visits with decision-making providers.\* Urgent care visits to facilities that primarily treat patients with lower acuity problems. | \* Telephone encounters, Letters\* Diagnostic-only visits (lab, rad, etc.) where the patient does not see a decision-making provider.\* ED Visits and urgent care visits to facilities that primarily treat patients with medium to high acuity problems. |   |
| **Professional Billing Charges***Needed for Resolute Professional Billing* | The total annual count of professional billing charges billed out of your current system, including charges for visits and services occurring at other facilities. This should be the **count** of charges, **not the dollar value** of charges. |  |
|   |
| *Examples to Include* | *Examples to Exclude* |   |
|   | \* Professional charges for services performed by owned providers.\* Charges from affiliates or third parties\* Interfaced or imported charges from other systems. | \* Voided or zero dollar charges\* Institutional charges billed out of your hospital billing system.  |   |
| **Other Billing Charges***Needed for Resolute Professional Billing* | Professional charges, as defined above, from affiliates and third parties for whom you do the billing. This volume may be zero if you do not act as the billing office for a group outside of your organization. |  |
|   |
| *Examples to Include* | *Examples to Exclude* |   |
|   | \* Charges from affiliates or third parties.\* Interfaced or imported charges from other systems. | \* Your own professional charges\* Voided charges or zero dollar charges\* Institutional charges billed out of your hospital billing system.  |   |
| **Completed Appointments***Needed for Cadence* | Any patient appointment that is scheduled and completed. Multiple appointments for the same patient in the same day are counted once. Should be greater than or equal to your number of Ambulatory Visits. |  |
|   |
|   | *Examples to Include* | *Examples to Exclude* |   |
|   | \* Outpatient doctor and nurse visits\* Walk-ins, diagnostic and scheduled inpatient appointments | \* No shows, multiple appointments in the same day.\* Interfaced appointments that are not checked-in/ checked-out. |   |

44) We need the following reports in MS Excel:

a.       Charges, payments, and adjustments by CPT code for calendar year 2014

b.      Charges, payments, and adjustments, broken out by third party and patient, by month for calendar 2014

c.       Charges, Payments, and adjustments by Financial Class for calendar 2014

d.      A current aged trial balance showing accounts receivable by financial class (or third party insurance) Brenda

1. Please provide 835 files for the most recent 12 month calendar period. If 12 months is not readily accessible, please provide a full 3 month period Brenda
2. We need the number of billing physicians (MD – FTE and Part time) and extenders/mid-levels/residents by specialty Brenda
3. Please provide the billing entity system configuration architecture. Will there be one enterprise or multiple enterprises? Is this one federal id or multiple? Is there one NPI or multiple sharing one federal id? Or one federal id with one NPI? Please explain the billing and payment/remit structure. Brenda
4. Please explain the legal, contracting/billing, cash flow/cash receipt structure. For example how many group NPI's do you have remitting to how many lockboxes? Brenda
5. We are a healthcare BPO Incorporated in NY USA with 3 delivery centers in India, specialized in billing & collections services but we do not offer Electronic Health Records System. We would like to understand if we can participate in this RFP with our stand alone billing & collections service.

Note : As per the section 1.3 in the attached RFP : **Revenue Cycle Management/Patient Management System (RCM/PMS)**- University may also consider proposals for the Billing and Collection Management Services. It is the intent of University to determine the feasibility and cost effectiveness of outsourcing these services as an option as previously described.

This option is not available in this RFP. At a minimum, proposers **must** propose a stand alone EHR to be considered. Please refer to section 1.3 of the RFP for proposal options.

1. Can you please provide additional details on what interfaces are needed? We assume that you are seeking HL7 interfaces. If there are other formats, please provide the details for these formats.

All interfaces are HL7 Standard. We are looking to the vendor to provide a list of recommended interfaces given the applications/modalities/etc. that are outlined in sections 5.2 of the RFP. A replacement solution should be efficient and effective in their  recommendation. Please see attached Attachment 3 of Addendum 2.

1. Please include the name of the system that needs to be interfaced with, the format of the interface, what information will need to be exchanged and which direction the information will be going. For example:

 Figure 1 – Interface Details

|  |  |  |
| --- | --- | --- |
| System | Format | Data to be Exchanged and Direction |
| Example: Lab interface with XYZ Vendor | HL7 | * Orders outbound from EMR (ORM)
* Results inbound to EMR from XYZ Vendor (ORU)
 |

Please see attached Attachment 3 of Addendum 2. Again, we are seeking a solution that is more efficient and handles all systems or their provided replacement solution from the details in section 5.2 of the RFP.

1. Can you clarify the number of providers for this project? We define providers as follows: Licenses are tied to the number of providers, not number of CPUs or users. “Providers” mean those Physicians, Nurse Practitioners, Physician Assistants, Audiologists, Optometrists, Therapists, Occupational Therapists, Physical Therapists, Music Therapist, Speech Therapists, Massage Therapists, Chiropractors, Anesthesiologists, Psychologists, Dentists, Hygienists, Licensed Social Workers, Midwife, Nutritionists, Dietitians, Counselors, Mental Health Practitioners, Neurophysiologists, Nurses that provide patient care, and Podiatrists employed by or under contract with Customer to provide services within the medical field.  The term Provider shall not include Customer personnel employed by or under contract with Customer as office managers, secretaries, or other administrative staff, and (hereinafter referred to as “Customer Personnel”).  For any category of Customer staff not identified above, Vendor and Customer shall agree in writing as to who is a Provider.  Kelley/James/Theresa
2. Please clarify how many nurses there are for this project. (Please do not include Nurse Practitioners as they are considered providers and should be included in the Provider number above). Kelley/James/Theresa
3. What are the payers that the University is currently working with? Brenda

**Addendum Controlling.**  In the event there is a conflict between the RFP and this Addendum 2, this Addendum 2 will control.

**END OF ADDENDUM 2**